



Delta Dental Premier
with National Coverage

Coverage Summary for
City of Lowell
Group Number
009731

HIGH OPTION PLAN

Deductible: \$25 per individual / \$75 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: \$1,000 per person.

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Exam Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months per dentist. Twice per year. Once every 60 months. Twice per year. As needed.	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Twice per year. Twice per year for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.	100%	100%
Restorative Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. Once per tooth. Once every 24 months per tooth.	50%	50%
Oral Surgery Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.	50%	50%
Periodontics Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	Periodontal benefits not provided when rendered in a surgical day care or hospital setting. Once in 24 months, per quadrant. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	50% 100%	50% 100%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to deciduous teeth.	50%	50%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	50%	50%
Emergency Dental Care Minor treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. Allowed with covered surgical services only.	50%	50%
Prosthodontics Dentures Fixed Bridges and Crowns Implants	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant.	50%	50%
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	50%

Dependent Eligibility: Dependents covered to age 19. Full-time students covered to age 23.

Delta Dental of Massachusetts



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Additional Benefit Information

Deductible waived for periodontal cleanings.

This plan is eligible for Rollover Max. See the benefit guide for details.

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental Premier with National Coverage

Easy Access and Great Value — Your Delta Dental Network

As a Delta Dental Premier with National Coverage subscriber, you have access to Delta Dental's extensive national network — Delta Dental Premier is the largest dental network in the country with over 210,000 dentist locations. Three out of four dentists nationwide participate in this network.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

To find a dentist, simply visit www.deltadentalma.com (click on the *Find a Dentist* link and select *Delta Dental Premier*) or call Delta Dental customer service at 1-800-872-0500.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Learn More at www.deltadentalma.com

You can find more information about your benefits plan in the *Delta Dental Member Guide*, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist.

If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500



Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129
www.deltadentalma.com

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